

CHAPTER 1 SECTION 18.3

RADIOFREQUENCY CATHETER ABLATION

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Authority: [32 CFR 199.4\(b\)](#) and [\(c\)](#)

I. PROCEDURE CODE

93650-93652

II. DESCRIPTION

Radiofrequency catheter ablation of cardiac arrhythmic foci involves placement of multiple recording catheters within the heart for electrophysiologic localization and mapping of aberrant conduction pathways. An additional “ablative” catheter, which is connected to a radiofrequency energy source, is then positioned directly on the identified aberrant conducting tissue and the energy source is applied. This technique is not the same as cryoablation or direct current fulguration.

III. POLICY

A. Radiofrequency catheter ablation coverage may be provided for treatment of the following dysrhythmias subject to the review criteria presented in [paragraph III.B.](#) below:

1. Supraventricular tachycardias (e.g., those associated with Wolff-Parkinson-White syndrome, or atrial fibrillation); and
2. Atrioventricular nodal reentrant tachycardias; and
3. Hemodynamically stable, idiopathic ventricular tachycardias (regardless of structural heart disease).

B. Coverage may be provided only when the medical record documents the following:

1. The dysrhythmia causes a functional impairment; and
2. An adequate trial on non-invasive management (pharmaceutical management) has failed.
3. All patients should have undergone a complete cardiologic evaluation, thorough electrophysiologic evaluation (which may include ventricular stimulation, intracardiac electrograms and mapping), prior to radiofrequency catheter ablation therapy.

IV. EFFECTIVE DATE

October 1, 1990 for supraventricular tachycardias.

October 1, 1990 for atrioventricular nodal reentrant tachycardias.

February 1, 1993 for hemodynamically stable, idiopathic ventricular tachycardias.

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